


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 046 ****61.25

DOCUMENT # 749266 1. Entity Name FLAGLER COUNTY VIEW POST 5213 BUNKHILL FL 32110-2075	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40124047

CR2E037B (8/05)

4. FEI Number 59-6162521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ROBERT HOWARD WRIGHT, M.D.	
	Street Address (P.O. Box Number is Not Acceptable) 142001AC PLACE	
	City PALM COAST FL 32164-5873	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEIDAE JEAN WRIGHT, COMMANDER PO BOX 350599 PALM COAST FL 32135-0599	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES SIFERTMAN, ADULTARY PO BOX 1642 FLAGLER BEACH, FL 32136-1642	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT HOWARD WRIGHT, M.D. QUANTATUMATEA 142001AC PLACE PALM COAST FL 32164-5873	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT HOWARD WRIGHT, M.D.** **7-2-07** **(386)** **437-3622**